10 abslig

Raphael Schlanger 128 Hulda Hill Rd. Wilton, CT 06897

Jason Bellinger, Examiner
U.S. Patent and Trademark Office
Art Unit 3617

Via Fax to (703)746-3646

2/20/04

Mr. Bellinger:

Enclosed is the Change of Correspondence Address Application for s/n 09/893166.

Please let me know if you have any questions on this.

Regards,

Raphael Schlanger

PAGE 02

PTO/SB/122 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paparwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.

Application Number	09/893166
Filing Date	June 27,2001
First Named Inventor	Raphael Schlanger
Art Unit	3617
Examiner Name	J. Bellinger
Attorney Docket Number	01-396

Please change the Corre	espondence Address for the above-id	entified patent	application to:			
Customer Numb	er:					
OR						
Firm or Individual Name	Raphael S	chlar	raer			
Address	Raphael 5	Hill	Ra.			
Address					***************************************	
City	Wilton	State	CT	Zip	06897	
Country	USA			da		
Telephone	(203) 778-47	// Fax	(203)	79	8-8240	•
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).						
I am the:						
Applicant/In-	ventor					
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
Attorney or Agent of record. Registration Number						
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number						
Typed or Printed Rapk	nael Schland	ier				···
Signature Pyles	Som) 				
Date February	20, 2004	Telephon	-(201)	778	1-4711	
NOTE: Signatures of all the inventors forms if more than one signature is r	or assignees of record of the entire intere equired, see below.	st or their repres	enlative(s) are require	d. Submit	multiple	
Total of fe	error are a should ad					

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box 1450. Alexandria VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.